

PTO/SB/82 (09-03)
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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/820,973 |
| | Filing Date | 08/02/2001 |
| | First Named Inventor | Petrocelli, Robert R. |
| | Art Unit | 2172 |
| | Examiner Name | Hwang, Joon H. |
| | Attorney Docket Number | 02685 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000987

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000987

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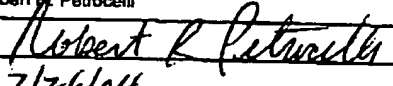
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|--|-----------|
| Name | Robert R. Petrocelli | | |
| Signature |  | | |
| Date | 7/26/04 | | Telephone |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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